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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 435770

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra X	Fee	Fee	=	Total
Basic Filing Fee	<u>201/101</u>				<u>✓</u>	=	<u>240</u>
Total Claims >20	<u>203/103</u>	<u>80</u>	-20 = <u>60</u>	X	<u>18</u>	=	<u>108</u>
Independent Claims >3	<u>202/102</u>	<u>2</u>	-3 = <u>4</u>	X	<u>28</u>	=	<u>88</u>
Mult. Dep. Claim Present	<u>204/104</u>					=	
Surcharge	<u>205/105</u>				<u>100</u>	=	<u>100</u>
English Translation	<u>139</u>					=	
<u>TOTAL FEE CALCULATION</u>							<u>1888</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 1888.00

Less Filing Fees Submitted - \$ _____

BALANCE DUE = \$ 1888.00

Bell
Office of Initial Patent Examination

Figure 7

~~BEST AVAILABLE COPY~~

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

430-770

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	80 minus 20 = *	60
INDEPENDENT CLAIMS	7 minus 3 = *	4
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY
TYPE

OTHER THAN
SMALL ENTITY
OR

RATE	FEES	RATE	FEES
	380.00	OR	760.00
X\$ 9=		OR	X\$18= 144
X39=		OR	X78= 39
+130=		OR	+260=
TOTAL		OR	TOTAL 120

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OTHER THAN
SMALL ENTITY
OR

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.